PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037



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APPLICATION N	APPLICATION NO.		FILING DATE FIR		ST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/519,997		08/10	08/16/2005 lan		David WORTHINGTON			Q85312		5134		
TITLE OF INVENTIO	N: TRA	CHEOSTO	MA CANNI	JLA MOUN	ITING							
APPLN. TYPE	SMALL ENTITY		ISSUE FEE		PUBLICATION FEE		PREV. PAID ISSUE FEE		TOTAL FEE	(S)	DATE DUE	
nonprovisional	Y	ES	\$75	5.00	\$300.00)	\$0.00		\$1,055.00		02/19/2009	
EXAMINER					ART UNIT CL		CLAS	S-SUBCLASS				
Steven O DOUGLAS					3771		12	28-207140				
1. Change of correspon	dence ado	iress or indi	ication of "Fe	ee Address"	(37 CFR 1.363	2. For	printing of	on the patent front p	age list 1	Sughr	ue Mion, PLLC	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.						(1) th	e names	of up to 3 registents OR, alternativel	ered patent			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.						Rev (2) the name of a single firm (having as a						
						names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be						
3. ASSIGNEE NAME	AND DE	CIDENCE	DATA TO I	DE DDINITEI	ON THE DAT	printe		<i>ya)</i>				
									ified below th		ant has been filed for	
PLEASE NOTE: Unle recordation as set forth									entified below, the	e docum	ent has been fried for	
(A) NAME OF ASSIG	NEE	(B) RESI	DENCE: (CI	TY and STA	TE OR COUN	TRY)						
KAPITEX HEALTHO	ARE LIM	IITED		West Yorks	hire, United Ki	ngdom						
Please check the appro	priate ass	ignee categ	ory or catego	ories (will no								
4a. The following fee(s) are submitted:				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee s					ee shown above)			
☑ Issue Fee					☐ A checl	☐ A check is enclosed.						
☑ Publication Fee (No	small ent	ity discoun	t permitted)		☐ Paymen	☐ Payment by credit card. Form 1310-2038 is attached.						
☐ Advance Order - # of Copies					☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.							
					☐ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.							
5. Change in Entity Sta	tus (from	status indi	cated above)									
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).												
The Director of the US	PTO is re	quested to a	apply the Issu	ue Fee and P	ublication Fee (fany) o	r to re-apr	oly any previously p	aid issue fee to the	e applica	tion identified above.	
NOTE: The Issue Fee a	and Public	cation Fee (if required)	will not be a	ccepted from an	yone otl						
Authorized Signature		1	1/1/1	1 th		Date	-	<u> </u>	February	11, 2009		
Typed or Printed Name	e	Brian W. Hannon			Registration No).	32,778			
Modified PTOL-85 (R	ev. 08/08	Approved 1	for use throu	gh 08/3 I/20	10.							

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CUSTOMER NUMBER

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N SUITE 800

Modified PTOL-85 (Rev. 08/08 Approved for use through 08/31/2010.

WASHINGTON, DC 20037



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		<u> </u>										
APPLICATION NO. FII		DATE F	TRST NAMED IN	VENTOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.					
10/519,997	08/16	5/2005 I	an David WORTH	INGTON	Q853	112	5134					
TITLE OF INVENTIO	N: TRACHEOSTO	MA CANNULA MO	UNTING		_							
APPLN. TYPE	SMALL	ISSUE FEE	PUBLICATI	ION PRI	EV. PAID ISSUE FEE	TOTAL FEE	(S) DATE DUE					
	ENTITY		FEE			DUE						
nonprovisional	YES	\$755.00	\$300.00		\$0.00	\$1,055.00	02/19/2009					
	EXAMINER		1									
	ART UNI	T C	CLASS-SUBCLASS									
S	teven O DOUGLAS		3771		128-207140							
1. Change of correspon	dence address or indi	cation of "Fee Addres	ss" (37 CFR 1.363	2. For prin	ting on the patent front p	age list 1	Sughrue Mion, PLLC					
☐ Change of correspon	ndence address (or Ch		·		ames of up to 3 registor agents OR, alternative							
☐ "Fee Address" indic	cation (or "Fee Addr			7; Rev (2) the name of a single firm (having as a								
03-02 or more recent)	ATTACHED. Use of	f a Customer Number	r is required.		ent) and the 3							
				names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be								
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE PRIN	TED ON THE PAT	printed. ENT (print of	or type)							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.												
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)												
KAPITEX HEALTHC	ARE LIMITED	West Yo	orkshire, United Kir	ngdom								
mi i . i at			1 4 1 4 4		7 Individual 17 Comount	: !	to anoun ontitu 🗆 Coupma	mant				
		ory or categories (wil	-	orinted on the patent): ☐ Individual ☑ Corporation or other private group entity ☐ Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
4a. The following fee(s) are submitted: ☑ Issue Fee			•	□ A check is enclosed.								
	☑ Publication Fee (No small entity discount permitted)				Payment by credit card. Form 1310-2038 is attached.							
☐ Advance Order - # of Copies				☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.								
	☑ The US	☐ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.										
5. Change in Entity Sta	itus (from status indi	cated above)										
a. Applicant claims	•		7. 🗆 b. Appli	icant is no lo	onger claiming SMALL E	ENTITY status. S	ee 37 CFR 1.27(g)(2).					
	•		•	• •			e application identified ab					
NOTE: The Issue Fee a party in interest as show					han the applicant; a regis	stered attorney or	agent; or the assignee or o	ther				
Authorized Signature	4	Date			February 11, 2009							
Typed or Printed Name	e I	Brian W. Hannon		Registratio	on No.	32,778						